

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State
 04-23-2002 90414 048 ***158.75

03/22/02 AV

DOCUMENT # P97000103235

1. Entity Name
CD IMPORTS COMPANY

Principal Place of Business
**1307 S.W. 18TH COURT
 FORT LAUDERDALE FL 33315**

Mailing Address
**1307 S.W. 18TH COURT
 FORT LAUDERDALE FL 33315**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
757 SE 17 ST

3. Mailing Address

Suite, Apt. #, etc.
149

Suite, Apt. #, etc.

City & State
Ft Laud FL

City & State

Zip
33316

Country
USA

Zip

Country

4. FEI Number
59-3487574

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KATHLEEN BEASLEY
 1307 SW 18TH CT
 FT LAUDERDALE FL 33315**

Name **Kathleen Beasley**
 Street Address (P.O. Box Number is Not Acceptable)
1307 SW 18 CT
 City **Ft Laud** **FL** Zip Code **33315**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **Kathleen Beasley**
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

APRIL 12-2002
 DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Delete
NAME	BEASLEY, KATHLEEN
STREET ADDRESS	1307 S.W. 18TH COURT
CITY-ST-ZIP	FORT LAUDERDALE FL 33315
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Kathleen Beasley**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 12 2002 **954-764-3879**
 Date Daytime Phone #

13-CR2E034 (9/01)